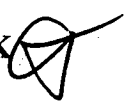




## Council Communication

**TO:** HONORABLE MAYOR AND COUNCILMEMBERS

**FROM:** LISA MAXWELL, DEPUTY TOWN CLERK 503-6867

**THROUGH:** CATHY TEMPLETON, TOWN CLERK 

**MEETING DATE:** AUGUST 1, 2013

**SUBJECT:** LIQUOR LICENSE – 99 CENTS ONLY STORE #324

**STRATEGIC INITIATIVE:**

N/A

**LEGAL REVIEW**☐ Complete☒ N/A**FINANCIAL REVIEW**☐ Complete☒ N/A**RECOMMENDED MOTION**

**A MOTION TO ISSUE AN ORDER TO RECOMMEND APPROVAL OF A SERIES 10 BEER AND WINE STORE LIQUOR LICENSE FOR 99 CENTS ONLY STORE #324 LOCATED AT 2070 SOUTH POWER ROAD.**

**OR**

**A MOTION TO ISSUE AN ORDER TO RECOMMEND DENIAL OF A SERIES 10 BEER AND WINE STORE LIQUOR LICENSE FOR 99 CENTS ONLY STORE #324 LOCATED AT 2070 SOUTH POWER ROAD FOR THE FOLLOWING REASONS (SPECIFIC REASONS FOR DENIAL MUST BE INCLUDED).**

**OR**

**A MOTION TO MAKE NO RECOMMENDATION ON A SERIES 10 BEER AND WINE STORE LIQUOR LICENSE FOR 99 CENTS ONLY STORE #324 LOCATED AT 2070 SOUTH POWER ROAD. (A "NO RECOMMENDATION" MAY RESULT IN A HEARING; THE HEARING MAY BE CANCELLED IF THE BOARD OR AN AGGRIEVED PARTY DOES NOT REQUEST A HEARING).**

## **BACKGROUND/DISCUSSION**

Randy D. Nations is requesting approval of a Series 10 Beer and Wine Store Liquor License for 99 Cents Only Store #324 located at 2070 South Power Road. *This is a new license.* Amendments were filed to Section 13.

A Series 10 Beer and Wine Store Liquor License allows a retail store to sell beer and wine (no other spirituous liquors), only in the original unbroken package, to be taken away from the premises of the retailer and consumed off the premises.

Public notice was posted for the required 20-day period in accordance with the Arizona Department of Liquor License and Control posting requirement. No adverse information to justify a denial of this application was received from Planning and Zoning, Building and Code Compliance, Police Department, or from Maricopa County Environmental Services Department. There were no liquor related conditions in the zoning ordinance for this site.

Council's recommendation will be forwarded to the Arizona Department of Liquor License & Control. If Council recommends denial of an application, the minutes must reflect specific reasons, testimony, and other evidence that supports the motion to deny the license applications as required by A.R.S. 4-201.E further defined by Rule R19-1-102 (Attachment 1).

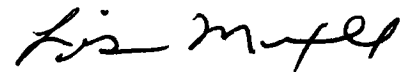
## **FINANCIAL IMPACT**

The license fee is \$750 per year.

## **STAFF RECOMMENDATION**

Staff feels such requests are solely Council's prerogative and offers no recommendation on this request.

Respectfully submitted,



Lisa Maxwell  
Deputy Town Clerk

### **Attachments/Enclosures:**

- Attachment 1 – Arizona Department of Liquor Licenses & Control,  
Rule R19-1-102
- Attachment 2 – Liquor License Application

# **Attachment 1**

## **R19-1-102. Granting a License for a Certain Location**

Local governing authorities and the Department may consider the following criteria in determining whether public convenience requires, and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

1. Petitions and testimony from persons in favor or opposed to the issuance of a license who reside in, own or lease property in close proximity.
2. The number and series of licenses in close proximity.
3. Evidence that all necessary licenses and permits have been obtained from the state and all governing bodies.
4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
5. Residential and commercial population density in close proximity.
6. Evidence concerning the nature of the proposed business, its potential market and its likely customers.
7. Effect on vehicular traffic in close proximity.
8. The compatibility of the proposed business with other activity in close proximity.
9. The effect or impact of the proposed premises on businesses or the residential neighborhood whose activities might be affected by granting the license.
10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the board.
11. Comparison of hours of operation of the proposed premises to the existing businesses in close proximity.

Arizona Department of Liquor Licenses and Control  
 800 West Washington, 5th Floor  
 Phoenix, Arizona 85007  
 www.azliquor.gov  
 602-542-5141

LOCAL GOVERNING BODY RECOMMENDATION

CITY/TOWN OF GILBERT STATE APPLICATION # 10076412  
 COUNTY OF MARICOPA, ARIZONA. CITY/TOWN/COUNTY # \_\_\_\_\_

ORDER # \_\_\_\_\_

At a REGULAR meeting of the GILBERT TOWN COUNCIL of the City/Town/County  
 (Regular or Special) (Governing Body)

of GILBERT held on the 1<sup>st</sup> day of AUGUST, 2013 the  
 (Day) (Month) (Year)

application of RANDY D. NATIONS for a license to sell spirituous liquors at  
 the premises described in Application # 10076412, License Class Series 10 was  
 considered as provided by Title 4, A.R.S. as amended.

IT IS THEREFORE ORDERED that the APPLICATION of \_\_\_\_\_  
 is hereby recommended for \_\_\_\_\_  
 (approval/disapproval)

a license to sell spirituous liquors of the class, and in the manner designated in the Application.

IT IS FURTHER ORDERED that a Certified Copy of this Order be immediately transmitted to the  
 Department of Liquor Licenses and Control, Licensing Division, Phoenix, Arizona.

\_\_\_\_\_  
 CITY/TOWN/COUNTY CLERK

DATED AT \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_  
 (Day) (Month) (Year)

\* Disabled individuals requiring special accommodations please call the Department

Arizona Department of Liquor Licenses and Control  
800 West Washington, 5th Floor  
Phoenix, Arizona 85007  
www.azliquor.gov  
602-542-5141

**APPLICATION FOR LIQUOR LICENSE**  
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

**SECTION 1** This application is for a:

- ☐ MORE THAN ONE LICENSE  
☐ INTERIM PERMIT *Complete Section 5*  
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*  
☐ PERSON TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 11, 13, 15, 16*  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 12, 13, 15, 16*  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE *Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)*  
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

**SECTION 2** Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*  
☐ INDIVIDUAL *Complete Section 6*  
☐ PARTNERSHIP *Complete Section 6*  
☒ CORPORATION *Complete Section 7*  
☒ LIMITED LIABILITY CO. *Complete Section 7*  
☐ CLUB *Complete Section 8*  
☐ GOVERNMENT *Complete Section 10*  
☐ TRUST *Complete Section 6*  
☐ OTHER (Explain) \_\_\_\_\_

**SECTION 3** Type of license and fees LICENSE #(s):

1. Type of License(s): Series 10

2. Total fees attached:

Department Use Only  
\$ 100.00

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

**SECTION 4** Applicant

1. Owner/Agent's Name: ☒ Mr. Nations Randy D.  
(Insert one name ONLY to appear on license) Last First Middle  
2. Corp./Partnership/L.L.C.: 99 Cents Only Stores of California, Inc.  
(Exactly as it appears on Articles of Inc. or Articles of Org.)  
3. Business Name: 99 Cents Only Store #324  
(Exactly as it appears on the exterior of premises)  
4. Principal Street Location 2070 S Power Rd Mesa Maricopa 85208  
(Do not use PO Box Number) City County Zip  
5. Business Phone: 480-985-1199 Daytime Phone: Email:  
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO TOWN OF GILBERT  
7. Mailing Address: P O Box 2502 Chandler AZ 85244  
City State Zip  
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

**DEPARTMENT USE ONLY**

Fees: 100.00  
Application Interim Permit Site Inspection Finger Prints \$ 100.00  
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: JH Date: 06-17-13 Lic. # 10076412

**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,  
(Print full name)  
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year  
Day Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

**1. Individual:**

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

) Y R A S S E C E N F I

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**

☐ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: 99 Cents Only Stores of California, Inc.  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 4/20/2001 State where Incorporated/Organized: California
3. AZ Corporation Commission File No.: F-0986596-3 Date authorized to do business in AZ: 4/20/2001
4. AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Kvitko	Michael	Scott	Exec VP	4000 Union Pacific Avenue	City of Commerce	CA	90023
Schools	Frank	Joseph	Treasurer	4000 Union Pacific Avenue	City of Commerce	CA	90023
Green	Michael	Bruce	Secretary	4000 Union Pacific Avenue	City of Commerce	CA	90023

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Number Holdings, Inc.			100	4000 Union Pacific Avenue	City of Commerce	CA	90023

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Number Holdings Inc Officer List

Michael Scott Kvitko Exec VP 4000 Union Pacific Avenue City of Commerce CA 90023

Frank Joseph Schools Treasurer 4000 Union Pacific Avenue City of Commerce CA  
90023

Michael Bruce Green Secretary 4000 Union Pacific Avenue City of Commerce CA  
90023

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Number Holdings, Inc.

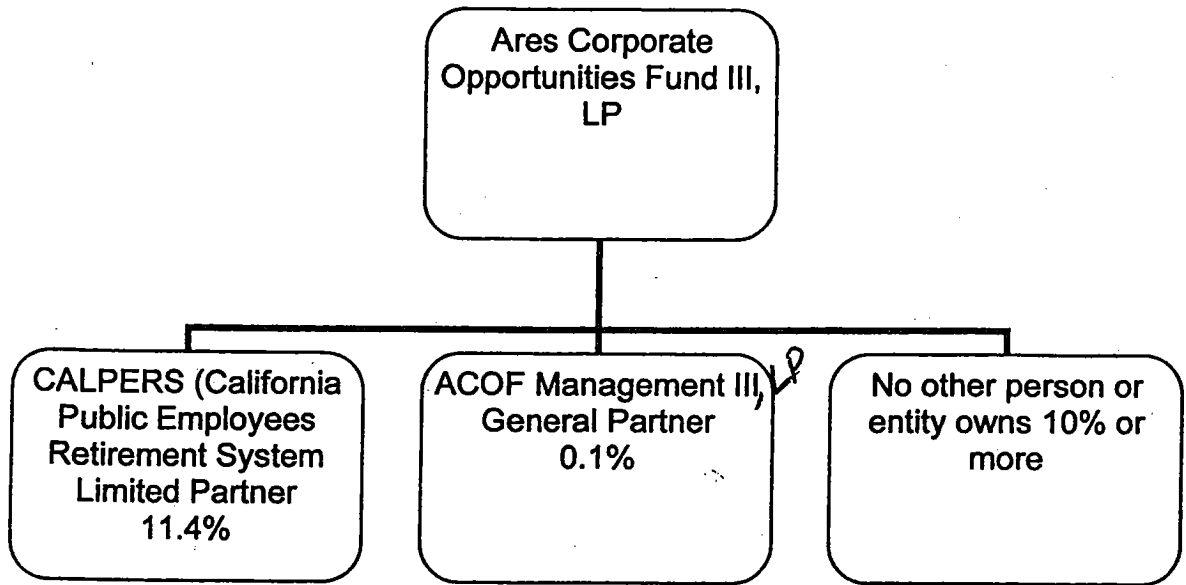
*Stockholders:*

Name	% Owned	Mailing Address
Ares Corporate Opportunities Fund III, L.P.	52.82% Class A Common Stock	2000 Avenue of the Stars, 12 <sup>th</sup> Floor Los Angeles, CA 90067
CPP Investment Board (USRE II) Inc.	31.45% Class A Common Stock	One Queen Street East Toronto, ON M5C 2W5 Canada

No other person or entity owns 10% or more

See attached officer list. Same as 99 cents only stores of California, Inc.

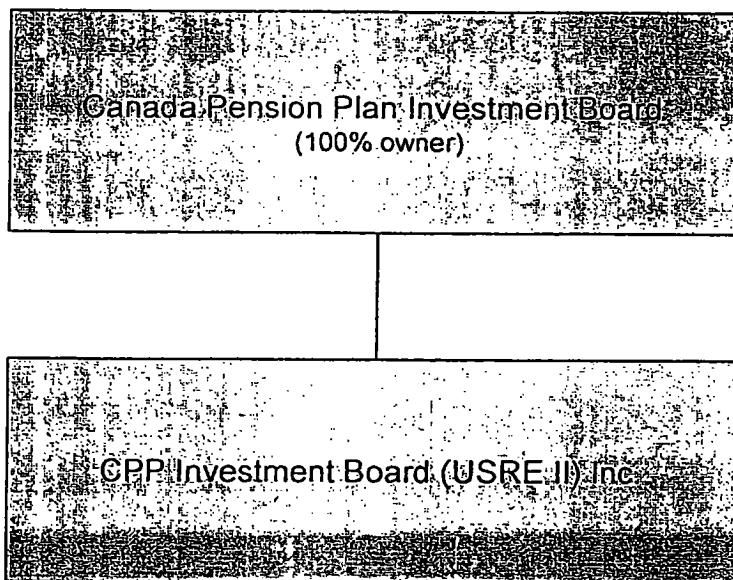
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\*\*\*\*\*Highly Confidential\*\*\*\*\*

Information contained herein not to be shared or distributed outside of the Arizona Department of Liquor Licenses and Control without the express written consent of 99¢ Only Stores.

## Organizational Structure for CPP Investment Board (USRE II) Inc.



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\*Canada Pension Plan Investment Board ("CPPIB") is a professional investment management organization that invests the funds not needed by the Canada Pension Plan to pay current benefits on behalf of 17 million Canadian contributors and beneficiaries. In order to build a diversified portfolio of CPP assets, CPPIB invests in public equities, private equities, real estate, inflation-linked bonds, infrastructure and fixed income instruments. Headquartered in Toronto, with offices in London and Hong Kong, CPPIB is governed and managed independently of the Canada Pension Plan and at arm's length from governments. At December 31, 2011, the CPP Fund totaled C\$153 billion, of which C\$25 billion was invested in private equity. For more information about CPPIB, please visit [www.cpplib.ca](http://www.cpplib.ca).

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
6. If more than one license to be transfered: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
7. Current Mailing Address: Street \_\_\_\_\_  
(Other than business) City, State, Zip \_\_\_\_\_
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, \_\_\_\_\_, hereby authorize the department to process this application to transfer the  
(print full name)  
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name)  
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

\_\_\_\_\_  
Day

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)** 13 JUL 3 Lic. Lic. PH12EN  
 APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name \_\_\_\_\_  
 (Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
 (Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

Section 13 amended to include correct distance to church and school

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)  
 b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 4,510 ft. Name of school Superstition Springs Elementary School  
 Address 7125 E Monterey Ave Mesa AZ 85209  
 City, State, Zip \_\_\_\_\_
2. Distance to nearest church: 4,648 ft. Name of church Church of Jesus Christ of LDS  
 Address 7145 E Monterey Ave Mesa AZ 85209  
 City, State, Zip \_\_\_\_\_
3. I am the: ☐ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_
- 4a. Monthly rental/lease rate \$ \_\_\_\_\_ What is the remaining length of the lease     yrs.     mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other \_\_\_\_\_  
 (give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ \_\_\_\_\_  
 Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? \_\_\_\_\_

**AMENDMENT**

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_
- See amended page

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)  
b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)  
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 0.3 Mi ft. Name of school Superstition Kindercare  
Address 7019 E Baseline Rd Mesa AZ 85208  
City, State, Zip \_\_\_\_\_
2. Distance to nearest church: 0.6 Mi ft. Name of church Center Stage Church  
Address 3700 E 16th Ave Mesa AZ 85208  
City, State, Zip \_\_\_\_\_
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name ACC Retail Associates LLC  
Address 1211 SW 5th Ave #2600 Portland OR 97204  
City, State, Zip \_\_\_\_\_
- 4a. Monthly rental/lease rate \$ 6,372.81 What is the remaining length of the lease 28 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other no penalty  
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 0  
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? General Merchandise

## SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

## SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO  
If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_  
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_  
applicants initials

## SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows            | <input type="checkbox"/> Drive-in windows                | <input type="checkbox"/> Non Contiguous    |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO  
If yes, what is your estimated opening date? \_\_\_\_\_  
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

*[Signature]*  
applicants initials

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**SECTION 15 Diagram of Premises**

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

*See attached*

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**SECTION 16 Signature Block**

I, Randy D. Nations, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X *Randy D Nations*  
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

9th of January, 2013

Day Month Year

*Rhonda J Rodriguez*  
signature of NOTARY PUBLIC

My commission expires

